WRITE.

V. S. No. 1

CAUSE TION

certificate.

Jo

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no

instructions

See

important.

OCCUPA.

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WAY 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If nonresident give city or town and State

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

MEDICAL CERTIFICATE OF DEATH

# state Every item of infor-OCCUPAplnoys Jo PHYSICIANS statement PERMANENT RECORD. Exact FOR BINDING classified certificate. ARGIN RESERVED See instructions on mation should be carefully

back

TION is very important.

16. BIRTHPLACE (city of town) (State or country)

(Address)

(Address)

CAUSE OF DEATH

STATE OF MA	ARYLAND—CE	RTIFICATE	OF DEA
1. PLACE OF DEATH		(94-3)	
County Alicomics Village or City Ollman In			Registration I
Village or City VOllman ma	10401	No	

AND STATISTICAL DARTICHLARS

1. PLACE OF DEATH	(94-6)	
County Aliconico		Registration Dist. No. 1335
Village or City Delmy, In	(1) No.	give its NAME instead of street and number)
Length of residence In city or town where death occurre	ed 2 2 yrsmosds. How long in U. S. if of for	eign birth?yrsmosds.
2. FULL NAME Serjamin So	Age Baker If U. S. Veteran, spe	cify WAR
(a) Residence: No. / Dulma	Ama P7D/St., Ward.	

I ENSONAL AND SIA	HOHICAL FARH	COLAINS	MZDIGAZ GZIATI IGATIZ GI ZZATI	
3. SEX 4. COLOR OF RAC		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	97, 193, 7 (Dey) (Yeer)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of Control of the contr	J. B. B. Felle 13	F 1874	1 HEREBY CERTIF	7, That I attended deceesed from
7. AGE Years Mon	1	If LESS then	to have occurred on the date steted above, et	3. A.M.
63 2	- 14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc	11. Total t	ime (yeers) nt in this, upation of the	Ermary Throm	boris Elm
12, BIRTHPLACE (city or town)	· ·		Other Contributory Causes of importance:	
(State or country)	Handen	4	Aslinia arlison	
13. NAME ORBUIL	Baker		Z	
14. BIRTHPLACE (city or town) (State or country)	la.		Name of operation	Date of
15. MAIDEN NAME HOLD	cy Pas	ps	23. If death wes due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	

V. S. No. 1

-WRITE

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?\_\_\_\_

Manner of injury

Nature of injury.

If so, specify (Signed)

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Ex	ample I	1 1 000	Example II	
The principal cause of deat of importance were as follow	h and related causes ws:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11AY A 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	4111	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 12 12 12 1 1 V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1 1 5

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDYTYOUTEN	DI ALVIA	T. OTC	T. O ICT HITTIE	DIAMETER TO	17.1	THISIUIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4573
1. PLACE OF, DEATH	940
County Diconics	Registration Dist. No. 333
Village or City—Salishury	No. 603 Cander are st. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/_yrsmos.	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Samuel Jackson Ba	tten If U. S. Veteran, specify WAR
(a) Residence: No. 603 Calrider Une,	St., 13 Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mile Thise OR DEVORCED (write the word)	Month) (Day) (Yeer)
5a. If merried, widowed or divorced HUSBAND of Cor) WIFE of Sallie, Real Botton	22. I HEREBY CERTIFY, That I ettended deceased from
In 1 8 19/1	last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year). / / / / / / / / / / / / / / / / / / /	I last saw h alive on, 19; death is said to have occurred on the date stated above, at 1255_m.
ha / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular 62 °	were as follows:  Oate of onset
kind of work done, as SPINNER, house	The state of the s
kind of work done, as SPINNER, Maria (SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL Jaudhur)  10. Date deceased lest worked at this occupation (month end this occupation (month end this occupation (month end this occupation).	anzimbellous 9/43
10. Date deceased lest worked at	
this occupation (month and 4/4/37) spent in this Hayyas	
AC.	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME William Pattin	
13. NAME Miliam Pattia  14. BIRTHPLACE (city or town) 7	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Marquell Six	23. If death was due to external causes (VIOL ENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A SELA Batter Age	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Capteral equipturally bate 7/4/3/, 19.	Netura of Injury
19. UNDERTAKER THE HILL A MERCEN CO.	24. Wes disease or injury in any way related to occupation of deceesed?
(Address) Saliahany M.	II so, specify
20, FILED apr. 5-1934 & May Tunner	(Signed) MD.
Registrar.	(Address)

If more blanks ore needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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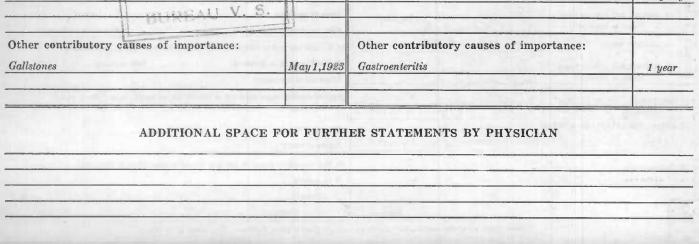
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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		



ARGIN RESERVED FOR BINDING

STATE (	DE MARTLAND	GERIFICATE OF DEATH 4	013
County Lamie	V	Registration Dist. No.	336
Village or City Salick		23 No	Ward
Langth of residance in city or town where		Fdeath occurred in a hospital or institution, give its NAME instead of street and nuscds. How long in U.S. if of foraign birth?mos	
2. FULL NAME Ruth &	uthiland Birg	If U. S. Veteran, specify WAR	
(a) Residence: No. Palis	lung gad	St., Ward.	,
	(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
1, 0, 1, 0,	OR DIVORCED (write the word)	april &	193.
5a. If married, widowed, or divorced	married	(Month) (Day)	(Year)
HUSBAND of Suy B	Menon	22.   HEREBY CERTIFY, That   attended d	eceesed from
11 0	160	1916 to 1777	, 193-7
7. AGE Yeers Months	Days If LESS than	to have occurred on the date steted above, at 3:15 (h)	; death is said
40 44 /	1 dey,hrs.	The PRINCIPAL CAUSE OF OEATH end ralated causas of importance	
8. Trade, profassion, or particular kind of work dona, as SPINNER,		ware as follows:	Oate of enset
kind of work dona, as SPINNER, (SAWYER, BOOKKEEPER, etc	Housempe	Lifer yet Contained	1 fde
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc		Pasilina	
10. Data decessed lest worked et this occupation (month and year)	11, Total time (yaars) spant in this		
12, BIRTHPLACE (city or town) Ball	time	Other Coutributory Causes of importance:	1
(State or country)	ms.	Jesse arbitation of heart	Von.
13. NAME DED	Surpson		mure
14. BIRTHPLACE (city or town) SC (State or country)	20 H	Name of operation	
W 15. MAIOEN NAME On tell	8 H	What test confirmed diegnosis? Was thare en eu  23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIOEN NAME Stell 16. BIRTHPLACE (city or town). Control (Stata or country)	Ctimore	Accident, suicide, or homicide? Oate of injury	
17. INFORMANT Drug B. (Addrass)	yeron	Where did injury occur?  (Specify city or town, county and State.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, OR REMOVAL	1 Straling In	Mannar of injury	
Place Souder Powsk	Date april in 1937	Neture of injury	
19. UNDERTAKER Will 8-	Maril	24. Was diseasa or injury in any wey related to occupation of deceased?	W
(Address), Melney	Cherl	If so, specify	11
20. FILEO 77 10 3, 18 Ha	my Hudson	(Signed) A Dalama A	

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Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WINE ALL VIOLE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state of OCCUPA-

of infor-

1. PLACE OF DEATH	(3~3	1
County Nicornico	Registration Dist. No.	./
Village or City Albrou	No. St.,	War
Length of residence in city or town where deeth occurred	s./ds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME Small to low Beth	sid	
(a) Residence: No. Albrow Bid.	St. Ward.	
(Usual place of abode)	If nonresident give city or town ar	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR MACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trite the word)  Maried	21. DATE OF DEATH	., 193 <u>7</u> (Yeer)
a. If married, widowed, or divorced HUSBAND of Colifab Bethank	22. I HEREBY CERTIFY. That attenda Marche 1 1977, to Chief 12	d decaasad fro
DATE OF BIRTH (month day, and year) Wast 28. 186/	Hast saw h ev elive on afrul 12 4 , 193	2; death is sa
. AGE Yaars Months Days If LESS than	to have occurred on the date statad abova, at	
75 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importance were es follows:	10. (
8 Trade profession or particular	Carcinous, of I low acts	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et bits occupation (month and	1 1700	
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation		
2. BIRTHPLACE (city or town) Baltismare	Other Contributory Causes of Importanca:	
(State or country) M.A.	_	
13. NAME Deter Graham  14. BIRTHPLACE (city or town) Markela		
14. BIRTHPLACE (city or town) Markella (State or country)	Name of operation Data of_	
(State of Seality)	What test confirmed diagnosis? Was there en	
15. MAIDEN NAME Sally Sable  16. BIRTHPLACE (city or town) Md.	23. If deeth was due to extarnal ceuses (VIOLENCE) fill In also the follow	
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury	, 19
17. INFORMANT & Lifah Bethank	Whera did injury occur?  (Specify city or town, county and St Spacify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, QR REMOVAL	Mannar of inlury	
Plece Markela, Md. Date Thill 15, 1937	Manner of injury	
9. UNDERTAKER Mas Of Messick of orise	Nature of injury 24. Was disease or injury in any way ralated to occupation of daceased?	
20. FILED afril (8, 193) mis & m Walla Registrat.	(Signed) William Survel	<u>г</u> м.

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Example I	and the same	Example II	410
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 7 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-777	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS
---

3

Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE-OF DEATH	<u> </u>
County Myconico	Registration Dist. No. 333
Village or City Galislesing S. Horping	No. St., 3 Ward f death-occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Wilson Britingfam	If U. S. Veteran, specify WAR
(a) Residence: No. Suon Null, Ing	St., Word.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  + - 30  (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from
(or) WIFE of Olla Bullingfling	22. I HEREBY CERTIFY, That I attanded deceased from 4-2\ 1937 to 4-30 1937
DATE OF BIRTII (month, day, and year) Zerebrieren	last saw h   alive on 4 - 30 30 , 19 37 ; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at5_Pm.
Efacet 42 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	acus Chilerons this
kind of work done, as SPINNER, Homes	
Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc	Commy (hundres July
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as StLK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month mode.)	
this occupation (month and 1957 spent in this occupation occupation	<u>/</u>
	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)  (State or country)	
13. NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Milescaples lay Lay Data of Harris
(State or country)	What test confirmed diagnosis? The Was there an autopsy?
15. MAIDEN NAME Tumbrowen	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Confirmation 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury 19
(State or country)	Where did Injury occur?
7. INFORMANT Augustal Be To	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place flam ville / a Date /ay 4 , 193/	Natura of Injury
19. UNDERTAKER SEATON AND THE SEATON OF THE	24. Was disease or Injury In any wey related to occupation of deceased?
20, FILED Ju 30, 1934 & May Turisle.	(Signed) M. (Address) M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. Mo. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 4577
1. PLACE OF DEATH	150
\ \ \	Registration Dist. No.  Registration Dist. No.  St., 3 Ward if death squared in Shopital or institution, give its NAME instead of street and number)  S. Howlong in U.S. if of foreign birth?  yrs. mos. ds.
2. FULL NAME Bruant - 9000 (Usua Polace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED ("write-the word)  Sungle	21. DATE OF DEATH  (Month)   (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I atlended deceased from $4-14-1937$ to $4-14-1937$
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE  Years  Months  Pays  If LESS than 1 day, 5 hrs. or 16 min.  8. Trede, protession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, atc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Dete decessad lest worked et this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)	I lest saw h. and alive on + + + 1937 ; deeth is said to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Date of onset
13. NAME Nov. Wm J. Bryant  14. BIRTHPLACE (city or town) Urgania	Neme of operation
(Stete of country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME La Javro  16. BIRTHPLACE (city or lown) Maryland  (Steta or country)  17. INFORMANT Wm J. Laryant (Jather (Address) 200 Javrant (Maryland)	23. If daath was dua to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL.  PIECE LEAN DERLING JULDETE CYPIN 15, 1913	Manner of injury Natura of injury
19. UNDERTAKER AND Some And Geling	24. Wes disease or injury In any way related to occupation of deceased?

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAY 6 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 4578
1. PLACE OF DEATH	new (Ria)
county treesme to	Registration Dist. No. 333
Village or City Salustry Mg.	No.510. Mulchell St. 13 Ward
/ Up (If	death occurred in a hospital or institution, give its NAME instead of street and number)
England of No	
2. FULL NAME CHANGE J. Clann	If U. S. Veteran specify WAR
(a) Residence: No. 11.11. (Usual place of abode)	St., 5 Ward Ward If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE DEATH
3. SPA 4. COLOR OR RAFE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Lymic the pord)	21. DATE OF DEATH GREEN & IL
ande I ma I man .	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended dacassad from
(or) WIFE of Milliam Cannon	aline to 137 to Color 8 1937
6. DATE OF BIRTH (month, day, and year) aug. 1, 1823	I last saw h. C. alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
43 8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which	Calloral Electronling Jul
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at  11. Total tima (years) spent in this open disting (with and  11. Total tima (years) spent in this	01
10. Date deceased last worked at 536 11. Total time (years) spent in this	
yaa occupation occupation	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME  14. BIRTHPLACE (city of town) Jekensile  (State or country)	
14. BIRTHPLACE (city of town) (State or country)	Nama ol operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
T The state of the	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
Nm Cannon,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	na
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Megne leng , Date for 11 1/195	Natura of injury
19. UNDERTAKER HOLGEN + 16.	24. Was disaasa or injury in any way related to occupation of decaasad?
(Address) Salashy md.	If so, specify
20. FILED yn. 1, 193 J. May Issurer	(Signed) M.D. M.D.
Registrar.	(Address) See List was bet

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Chronic interstitial nephritis AY 6 1907	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S. II				
the second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

state

93%		11	
	Registration D	ist. No. H	336
No		St.	Ward
death occurred in a hospital or institut			number)
ds. How long In U.S. if of	foreign birth?	yrsm	osds.
If U. S. Veteran,	specify WAR	********	**********
St., Ward.			
		ive city or town and	State
	ERTIFICATE	OF DEATH	
21. DATE OF DEATH	(Month)	(Dey)	, 193 / (Yeer)
1 last sew h. elive on	1937, to 9		deceesed from 2, 19 2 2 .; death is seld
The PRINCIPAL CAUSE OF DEAT	H end releted causes	of importence	Date of onset
4			
Other Contributory Causes of Impo	rtance:		
	1		-
Terrel	Debi	let	
		/	
Neme of operation		Data of	-
What test confirmed diegnosis?			
23. If deeth wes due to external ceu			
Accident, suicide, or homicide?	D:	ate of injury	, 19
Where did injury occur?	(Specify city or to	own county and Stat	-)
Specify whether injury occurred in	INDUSTRY, in HOM	E, or in PUBLIC PL	ACE.
Manner of injury			
Neture of injury			
24. Wes diseese or injury in any we	y related to occupat	ion of deceased?	~0
If so, specify		0	
(Signed)	del	acco.	M. D.
(Address)	en	or La	1

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Chronic interstitial nephritis RIII AUV. S.	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	460
County Itscomico	Registration Dist. No. 333
Village or City Salisbrury  Length of residence in city or town where death occurred 13 yrs.	No. The Hard Country of the Name of the Na
Length of residence in city or town where death occurredyrs	Λ ,
(a) Residence: No. Cost Kine St. Ro.	ckerson If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State  RS MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the married)  Wale  White	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Minnie Alegel	22. I HEREBY CERTIFY, That I attended deceased fro
4/	I last saw h alive on alive of 18, 19,37; death is sa to have occurred on the date stated above, at 9:20 A.m.
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Motorma	a Caucar of Dlowark 193.
9. Industry or business in which work was done, as SILK MILL, Phila. Rapid Plan SAW MILL, BANK, etc. Phila. Rapid Plan	sit Co.
10. Data deceased last worked at this occupation (month and face, 1922 spant in this occupation)	
12. BIRTHPLACE (city or town) Philadelphia (State or country)	Other Contributory Causes of Importance.
13. NAME John Diekerson	
14. BIRTHPLACE (city or town) Phila.  (State or country) Penn.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Dickers	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)  [State or country]	Whare did injury occur?
17. INFORMANT Miss. Minnie Wickel (Address) C. Vine St. Salishu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nature of injury
19. UNDERTAKER The Hill & Johnson (Address)	24. Was disease or injury in any way related to occupation of decaased? 700
20. FILED Apr 19, 1937 & May Jun	(Signed)  (Rexistrar.  (Address)  (Address)  (Address)  (Address)  (Address)
ff	ate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

infor-PHYSICIANS should state PERMANENT RECORD. Every item of UNFADING INK-THIS

BINDING

MARGIN RESERVED

V. S. No. 1

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1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory cases of importance:  Gastroenteritis	1 year		
	1915 1921 July 5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributor, causes of importance:  May 1, 1923 Gastroenteritis		

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF pluods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? U. S. Veteran specify WA (a) Residence: (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at 1 day .....hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION Jo SAWYER, BOOKKEEPER, etc .. 9 Industry or business in which may back work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last II. Total time (years) spent in this that occupation \_ instructions Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) HER See FAT 14. BIRTHPLACE (city or town .5 (State or country pla What est confirmed diagnosis?. carefully MOTHER important. . If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) DE Secify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should PI (Address) OF 18. BURIAL, CREM TION, OR REMOVAL Menner of Injury WRITE CAUSE TION is mation Nature of Injury. 24. Wes disease or injury In any way related to occupation of deceased 19. UNDERTAKER If so, specify (Signed) Registrar.

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ARGIN RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

1. PLACE OF DEATH	920
County Wistmiss	Registration Dist. No. 330
Village or City Markela Md.	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
21 10 61	100 100 100 100 100 100 100 100 100 100
2. FULL NAME // 2 aught up	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Thit OR DIVORCED (write the word)	Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Frank Danshelly	HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) 78 News	Hest saw h Py elive on AAA A 193 /: deeth is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated ebove, et3Am.
7 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were estallays:
8 Teach profession or particular	6 kronec Valrular Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	gliene
9. Industry or business in which work wes done, es SILK MILL,	artoring Selevasis.
A. Hede, profession, or pertuents  kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month end	
this occupation (month end 1933 spant in this year)	
man dolar med	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME JAME BLAIM	
13. NAME John Blaine 14. BIRTHPLAN (city or town) Market, Indi	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
# 15. MAIDEN NAME Juster Gravenar	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - Mardella Mo	Accident, sulcide, or homicide? Dete of Injury, 19
Stete or country)	Where did injury occur?
17. INFORMANT Plice Minuson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Markela Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marketon frances Dete France 5., 1937	Nature of injury
19. UNDERTAKER THIS CO Messick of Suis	24. Wes diseese or injury In eny wey related to occupation of deceesed?
(Address) Hebron, mh	If so, specify
20. FILED 4/5 ,1937 / Josephon	(Signed) . O. Author web. M. D.
Registrar.	(Address) May 1711

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1	
	12.4.9.2,10.00	3.000 0011001 800	1 year	

1. PLACE OF DEATH	(9.2)
County Lucyus	Registration Dist. No. 332
	No. St., H Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred the yrs	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TOWN / May Jailan	If U. S. Veteran, specify WAR / Lo
(a) Residence: No. Carsonsland. (Usual place of abody)	St., # Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The Control of the
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Nandy I smas sailed	22. HEREBY CERTIFY That I attended deceased fr
DATE OF BIRTH (month, day, and year) Jeh. 78, 1876	I last saw has alive on This 12 1932: death is s
. AGE Years Months Days If LESS than	to heve occurred on the date states above, et 1. 40 P.m.
67 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, of particular kind of work done, as SPINNER, A Market SAWYER, BOOKKEEPER, etc.	10
	Myocadelle Chravia. 24
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jourston i three mosthers I sulf on
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) M	Other Contributory Causes of importance:
(State or country) Haufland	Cerete arts Town 19:
13. NAME Dariel J. Paisns	meaning sente articular rheumatismis
13. NAME Wariel J. Paisns  14. BIRTHPLACE (city or town) Mariell J.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria E. Layfield  16. BIRTHPLACE (city or town) My	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
(State or County)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT (AMO) Charles (Address) (AMO) Charles	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION/OR REMOVAL	Manner of injury
Place Minimum, 17, Date 4/4/3], 19	Nature of injury
9. UNDERTAKER THE PLEASE A CO., (Address) Selicitude American Co.,	24. Was disease or injury In any way releted to occupation of deceesed?
Community of the	If so, specify 2
o FILE for. 4 1937 Lillian H. Davi	(Signed)

V. S. No. 1

-WRITE

N. B.-

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. PLAINLY, WITH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

*	* ABDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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vi	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4585
1. PLACE OF DEATH	23)
County Wicarrico.	Registration Dist. No. 332
Village or City near Felloulle mk, 67	elacede St Ward
Length of residence in city or town where death occurred 49 yrs. O mos	death occurred in a hospital or institution, give its NAME instead of street and number)  3 ds. How long in U.S. if of foreign birth?yrsds.
1	The state of the s
70 (10, ++-	0
(a) Residence: No. J.W. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Menth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Ella Sallie Foskey.	Cefes 1 19224, to Spe 11 , 1927
6. DATE OF BIRTH (month, day, and year) Lock 8 1887	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 140 G.m.
49 6 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKESPER etc.	PA
SAWYER, BOOKKEEPER, etc	1936 1936
kind of work done, as SPINNER, Harmong SAWYER, BOOKKEPER, etc Harmong Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10: Date deceased last worked at this excupation (month and	The state of the s
year) 14:33 occupation defe	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // Lax // Lugewell (State or country)	
The state of the s	
13. NAME Minos Fosky 14. BIRTHPLACE (city or town) Near Whiteinlle	Name of operation
(State or country) Relayons	What test confirmed diagnosis? Had was there an autopsy? We
15. MAIDEN NAME aral E. Cordey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Oral Eo. Cordrey  16. BIRTHPLACE (city or town) Noas Mithelle	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS Ella Tookey!	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Line Cameling Date Opril 13th 1937	Natura of injury
19. UNDERTAKER W. Prouse 2 Valla-	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pillantly mad.	If so, specify
20. FILEDLAN. 12, 1937 Lillian R. Dan	(Signed) M.D.
docal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsi 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N

		1			
		170			

-WRITE

V. S. No. 1

1. PLACE OF DEATH ,	948
County Wieemyee	Registration Dist. No. 337
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Manuease	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrie J. Janvessan	22. A H.EREBY CERTIFY, That I attended deceased from 19 to Open 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 1957; death is said  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Coronay Enlester
10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13 NAME I show the Starreson	
13. NAME And Wy Davingon  14. BIRTHPLACE (city or town). Mandinagely  (State or country) Ma	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Argores Hutter  16. BIRTHPLACE (city or town) Hauteake  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mary J. Sarry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE TANKERS L. M. Date THAY 1., 1907	Manner of injury
19. UNDERTAKER Mrs. 4 Sens Sens (Addiess)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify A)
20. FILED Mass 1, 1937 P. Woolford Walter	(Signed) Trantisoke to M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 5 1906	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

1. PLACE OF DEATH		(178)		
County Wicomis	<b>W</b>	Registration Dist. No. 33/		
Village or City Residence In city or town when  2. FULL NAME Virgus	(11	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth? yrs. mos.		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 7 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH  Special 2 (Day) 193	7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended deceased from 19		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months  — 8. Trede profession, or particular	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10:30A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	ath is sald	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	nit Factory  11. Total time (years)	Other Contributory Causes of importance:		
13. NAME Stulen 14. BIRTHPLACE (city or town) (State or country)	slel arkla må.	Name of operation Date of What test confirmed diagnosis? Was there an autop:	sy?	
15. MAIDEN NAME Officia 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT Office (Address)	Walty andla Md. Howard,	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PIECE M. M. M. L. M.	1d. Date 4/23/37,19	Manner of injury		
19. UNDERTAKER Phales me (Address)  20. FILED WARL N.3, 19.3.7.	sick office mes me walls	24. Was disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed)  (Address)  (Address)	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I- IVED	1 34	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Francis usod which had falley to flow tomatore when called in he are her. Died short time after seeing lies

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#### STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village of City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign blrth? (a) Residence: No. . (Usual place of abode) If nonresident give city or town and Sale MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorcad HUSBAND of ERTIFY. That I attended decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the data stated above, att day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEA elatad causes of Importance or .... min. 8 Trada, profession, or particular kind of work done, as SPINNER. OCCUPATION SAWYER, BDOKKEEPER, etc... back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (yaars) spant in this this occupation (month and instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER t4, BIRTHPLACE (city or town) .... (Stata or country) What tast confirmed diagnosis?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homlolde? ..... Data of Injury ..... 19. t6. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) t8. BURIAL, CREMATION, DR REMOVAL Manner of injury LON Nature of injury\_\_ 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Address)

Registrar.

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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zzampie 1	11	Diample 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis : FIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

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	200
County Wicomico	Registration Dist. No. 333
Village or City Sales bury	No. Teninsule General Joseph Stal 13 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsn	los2ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Sarah G. Hay	man If U. S. Veteran, specify WAR
(a) Residence: No. 500 M. Division,	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April 6 , 193.7 (Month) (Day) (Year)
5e. If merried, widowed, or divorced	
HUSBAND of Concersor Taymon	22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 11. 1862	I last sew h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2.45P.m.
74 4 25 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cillessamueting Cl. 1
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	allikentuf )
10. Date deceased last worked at this occupation (month and forch 126 spent in this year)	24
12. BIRTHPLACE (city or town) Mear Pocomoke (State or country)	Other Contributory Causes of Importance:
13. NAME Thelliam Amoore	
14. BIRTHPLACE (city or town) Near Pocomoke (State or country)	Name of operation Date of Was there an autopsy? A
15. MAIDEN NAME CARE MARKE	23. If death wes due to external causes (VIOLENCE) fill in eiso the following:
16. BIRTHPLACE (city or town) Rear for comoke	Accident, suicide, or homicide?
m. es a a	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
17. INFORMANT Miss Sale Collinsia	
18. BURIAL, CREMATION, OR REMOVAL Place Assistand Com. Date april, 8, 193	Menner of injury
19. UNDERTAKER The Hill of Johnson Co. (Addiess)	Neture of injury  24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20 FILED Chul 8.1937 Le May Jasmen	(Signed) Preprinter M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 , 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 9030
1. PLACE OF DEATH County Pilomiles	(57-d) Registration Dist. No. 333
Village or City (If Langth of residence in city or townswhate death olgurred yrs, mos.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Baby 4 Malter This	If U. S. Veteran, specify WAB.
(a) Residence: No. (Usual place of abode)	St., 3 Ward. Male If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Day)  (Day)  (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. INHEREBY CERTIFY. That I attended deceased from to the standard second from the standard sec
6. DATE OF BIRTH (month, day, and year) april 6, 1937	I last saw have alive on alive on , 19-3 ); death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this potential this potentiale	Mousles with ceptalocale
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME TOLLER TOURS OF THE STATE OF THE ST	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME AU TH. Mule  16. BIRTHPLACE (city or town)  (State by sountry)  16. State by sountry)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMAN Paller I felf (Addrass) 409, Epine st. Salish	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREDITION, OR REMOVAND Place Parks (Em.), Date July 198	Manner of injury
19. UNDERTAKER HOLOMON & 100 (Address) Salish mag,	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO apr. 9, 1937 & May June	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage MAI 0 1951	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4.5

ADDITIONAL :	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

B. ż (Address)

of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4591
1. PLACE QF/DEATH	120)
County Thurnico	Registration Dist. No. 333
Village or City Salishung	Nothing gula General Marsi Val. 13
vinage of city Samurany	death occurred in a hospital or institution, give its NAME indead of street and number)
Length of residence in city or town where death occurrad	
2. FULL NAME Betty aure Holls	If U. S. Veteran, specify WAR
(a) Residence: No. 710 Paracel ane.	0 St /3 Ward 0 /
(Usual place of abode)	Lalisbury, Mg. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
renale Thile OR DIFORCED (quite the word)	(Month) (Oay) (Year)
5a. If marriad, widowad, or divorced	(month) (vay) (rear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
m. 1 10(1)	3 ,19), to any 10 ,13
6. DATE OF BIRTH (month, day, and year) // Www 17, 1931	I last saw h, 193; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at _/m.
φ 0 γ8 ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated ceuses of importenca wara es follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Date of which
9. Industry or business In which	mismortus yernorules apro
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceasad last worked at this occupation (month and yaar) yaar)  11. Total tima (yaars) spent in this occupation	o paramon and
6	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) — Aduptura	of 18
1 10 11 10 11 11 11	B. Posterman
13. NAME Michelas 1. Thereand	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	Whet test confirmed diagnosis? X - Clary Wes there an autopsy? ho
15. MAIDEN NAME CACHELLACK Sure Supley	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlolde? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT W. A. IV. Willand.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Salishury M.  18. BURIAL CREMATION, OR REMOVAKA	
Massaul Park Filishing Data 4/17/3719	Manner of Injury
of plian on the	Nature of injury
	04 W. F

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Experience Control Con			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE	FOR FU	JRTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN	Į
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RTIFICATE	OF	DEATH	4592
(131)			

1. PLACE OF DEATH	(3)
County Meones	Registration Dist. No. 333
Village or City Salishau	No. The To Passo Home St., 9 Ward
Langth of rasidanca in city of town where death occurred 4 yrs, mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foralgn birth?
2 Fill war (lie) Sumorb HN	
2. FOLL NAME COLORS	If U. S. Veteran, specify WAR
(a) Residence: No. 1 (Usual place of abode) (Usual place of abode)	St., 9 Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH J.
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of June 7 July 100 100 100 100 100 100 100 100 100 10	22. I HEREBY CERTIFY. That I attanded deceased from  March 1937, to Caffell My 1987
6. DATE OF BIRTH (month day, and year) he prown about 84	I last saw h alive on Coffee
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or particular	Curchine - unal - Vastula douse france
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data daceasad last worked at this occupation (month and	
10. Data dacassad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) - Manyland	Other Cantributary Canses of importance:
13. NAME Chivard Rymoch	
13. NAME Chipsed Chipmoch  14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Date of Was there an autopsy? Zad
15. MAIDEN NAME arme Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CAME Smill 16. BIRTHPLACE (city or town) (Stata or country)  Maufland	Accident, suicide, or homicide?
17. INFORMANT Ital B. Pterson Hone, Lapt.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Data 4/15/57,19	Manner of injury
19. UNDERTAKER ILL HELL K Starry 6.  (Addrass) Schicker from D.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr. 15, 1937 & May Turner. Registrar.	(Signed) Such Type M.D.  (Address) Subihan Wad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	tl the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhaga	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
VDDITIONAN	DI AUL	LOW	L OTCLITIE	DIMINIMI	DA	TITIOIOITAL

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4593
1. PLACE OF DEATH	165
County Miconics	Registration Dist. No. #1336
Village or City Delma,	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or fown where death occurred	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Tarry Claytor House	If U. S. Veteran, specify WAR
(a) Residence: No. XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Made OR DIVORCED (write the word)	April 17 , 1937
5e/II married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of Cana Howard.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quelos 31 /85	I lasf saw h aliva on, 19; death is said
7. AGE Yaars Months Days If LESS then	fo have occurred on the date steted above, at
48 9 13 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and raiafed causas of importence wara as follows:
INS. Treda profession or particular	Date of enset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL.	much y nameny
SAW MILL, BANK, etc.	Charlem mile)
10. Date daceasad last worked at this occupation (month and 13.7 year) 2.7 year)	
	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (dify or fown) (Stata or country)	
13. NAME & Fa & Refuse 1.	
13. NAME 13. NAME 14. BIRTHPLACE (cify or fown)	Neme of operationQafe of
14. BIRTHPLACE (cify or fown) (State or country) Maryland.	What tesf confirmed diagnosis?
15. MAIDEN NAME Solvabill Wilson	23. If deeth wes due to axternal causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (cify or fown)	Accident, suicide, or homicide? Janual. Defa of injury 1/3/4, 1937
(Stafe or country) Almania	Whera did injury occur? And Imm
17. INFORMANT Colony Amount (Address) Luling him	Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL near Poconote Ind.	Manner of Injury / tung lumple
Place Climan Cin Data Of 16, 1937	Nature of injury 18 13. Cer
19. UNDERTAKER HILL &- MANY	24. Was disaasa or injury in any way related to occupation of daceasad? Lu
(Address) plelma, Regl.	If so, specify
20, FILED///6 , IJ Harry & Hudson Registrar.	(Signad) // ST-Ly well M. D. (Addrass) Milman / M. D.
16 mans lamb are readed adde as South Business	At Charles Course Publishers Program 61 C M.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenttritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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1. PLACE OF DEATH	(110)
County Nicomico	Registration Dist. No. 331
Village or City /-/shan	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 25 yrs.	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Clara Ann Hum	nphries
(a) Residence: No. /dl/www	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wi	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Menry Bungohrus	22. I HEREBY CERTIFY. That I attended deceased from 24 193.)
6. DATE OF BIRTH (month, day, and Year) March 4. 186/	i last saw h ev alive on africk 24 he , 1937; death is sail
7. AGE Years Months Days If LESS	
76 / 20 1 day,	I THE FRINCIPAL CAUSE OF DEATH and related causes of influentance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of ones
SAWYER, BOOKKEEPER, etc. Hauslurge	asternaci erosis
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursion (most band)	Pleurisu
SAW MILL, BANK, etc	
this occupation (month end 4/37 spent in this year)	4.
O a cetting	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) & Halling	
13. NAME Laules Dankiell	
and a very	
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
A Production of the second	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Elizabeth Bumphyees	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hallon Indi	Manage Color
Place Selfer Md Date 4 26/371	9 Nature of injury
19. UNDERTAKER Mrs Db Messick Banks	24. Was disease or injury In any way related to occupation of deceased?
(Address) Helper Med	If so, specify
20. FILED	(Signed) William Free rich M. 1
Regist	rat. (Address) (+ elapse md

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 Tuty 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Tuly 5,1927 Peritonitis

ADDITIONAL.	SPACE FOL	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SFAUE FUI	LEURIHER	DIVIEWINITO	To T	THEOTOTAM

1. PLACE OF DEATH	210-000
County Wisconska	Registration Dist. No. 333
Village or City Salisbury 10	No. P. T. D. St., 9 Ward
1 1 2	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
6 1 1 11	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & widnes Lake Hy	usley world was outland
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
make W. OR DIVORCED (write the word)	(Mønth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of The Hurshus	122 LHEREBY CERTIFY. That I attended deceased from
0 70,091	the state of the s
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acid to form here comed to
9. Industry or business in which	sutemolile assisted State
work was done, as SILK MILL, Ralise Local	Atterne (Rea Taulor) authoris
	conseletion of this certifical
year) occupation	Other Contributory Calues of importance:
12. BIRTHPLACE (city or town) Wilifaglism	The fire the
(State or country)	wanes newser
14. BIRTHPLACE (city or town) Wellisaguing,	endance of some, hear on in
4. BIRTHPLACE (city or town) / / / / / (State or country)	Name of a penation was left and all sate of give of
	What dest confirmed differences?
I Sunt	23. If death was due to external spuses (VIDLE) fill In also the following
O 16. BIRTHPLACE (city or town) War (State or country)	Accident, suicide, or figmicide Day of infury 19
11 . 671. 1 16 . 6.	(Specify city or town, county and Skil) Specify the thorough a county and Skil)
17. INFORMANT OUT AND AND A CONTROL (Address)	autology all all all the
18. BURIAL, CREMATION, OR REMOVAL	Matthewalling That & would hind on
Place Lyaskin Md Dete Depris 6 193	Naturophinigrype of one 3 days
19. UNDERTAKER MYS LIGHT ASSIGN & Sours	24. Was all age prinjury in 2 my way to be conception of deed sad? Let
(Address) Annaly Mid	If so, specify Luft.
20. FILED Am. 6 1937 b. May Jumer	(Signed) Alle Dull M. D.
Registrar.	(Address) VI a Till la 10a 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY PHYSICIAN
	(3)
	-

If more blanks/are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAI 0 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	t g		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

(Day)

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUPTAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				FERTHER.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

Date of enset

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Chronic interstitial nephritis NAI 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 4599
1. PLACE OF DEATH .	(37)
County Wyconico	Registration Dist. No. 333
Village or City Tenuncia Teneral H	death accurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth yrs. mos. di
2. FULL NAME His short munils of	100 100 100 100 100 100 100 100 100 100
	- //
(a) Residence: No. Fruttand Mary and (Usua) place of abode)	St., /6 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colored married (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorted HUSBAND of	
COST MITTER MANAGER	22.   HEREBY CERTIFY, That I ettended deceased from
C DATE OF DIDTH (mostly day and man)	1   1   1   1   1   1   1   1   1   1
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS then	I last saw h alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Date of onse
kind of work done, as SPINNER, Jacksey.	I fortilled Party 4
Lindustry or business in which	The state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this recognition (month) and	*
Spatt III this	
year) oscupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Snow Hill, I Varyand (State or country)	
14. BIRTHPLACE (city or town Snow Hole, Maryland	1 1/2
14. BIRTHPLACE (city or town) and Holl, Mary land	Name of operation ( Residual Date of 7/3/2)
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) \\ (Stete or country)	Accident, suicide, or homicide?
and the and	Where did Injury occur? (Specify city or town, county and State)
(Address) Fruittond Cond	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place truttand, Md Date 4-21, 1937	Nature of injury
10 HADEDTAKED C. V. Ward.	24. Wes disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER (Address) Marion Station, Md.	If so, specify
20 545 Apr. 19 34 Vr. May 1	(Signed) / / / / / / / M. M. F.
20. FILED July 19 19 Registrar.	(Address) Alle
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	l de la company	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EEU BUREAU V S			
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH		
County Thereon	nico	Registration Dist. No. 333
Village or City	lisbury vrs	No. // C. Cligabeth St., Swarc (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ZZds. How iong in U.S. it of foreign birth? yrs. mos. ds
~ ()	10. 7/	- 20 D
(a) Residence: No. 117	(Usual place of abode)	St,, Wardy If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Remale White	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Helliam	C. noble	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months	March 3, 186	9   lest saw h. pr. elive on a facil 8 , 19 37; deeth is sai
68 /	1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Misewife	Cardio - Konst - Vaserlan Draway Center
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Il. Total time (years)	
this occupation (month and March year)  12. BIRTHPLACE (city or town)	spent in this decupetion	Other Contributory Causes of importance:
(Stets or country)	Canada	- Pulmmay ordine
13. NAME John H.  14. BIRTHPLACE (city or town)	Fisthardt	
(State of Country)	Germany	Neme of operation Dete of What test confirmed diegnosis?
15. MAIDEN NAME Ann	in Bainl	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(State or country)  17. INFORMANT MESS Jose	Scotland Mab	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / C. Clin  18. BURIAL, CREMATION, OR REMOVAL Piece Andream  C. C	J. Dete Abril, 6, 19	Menner of Injury
19. UNDERTAKER The Hill & (Address)	Johnson co	Neture of injury.  24. Wes disease or injury in eny way releted to occupetion of deceesed?
20. FILED ANS. 6., 19 37	r. May Jun	(Signed) Sulishing and M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	10-21	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			HS

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4601
1. PLACE OF, DEATH	(8)
County Thirtypic	Registration Dist. No. 333
Village or City Alssuring	No. Lansully Yeard Medical St., 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME That I Packer	If U. S. Veteran, specify WAR
(a) Residence: No. 106 X MAN and., (Usual place of abode)	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIYORCED (write the word)  This ORDIYORCED (write the word)	21. DATE OF DEATH  April 73, 193 7  (Month) (Oay) (Yeer)
5a. If merried, widowed or divorced HUSBAND of 6 (or) WIFE of 6 (mm) M. Parker	22. HEREBY CERTIFY, That i attended deceased from
1 1983	I lest saw h alive on 19 2 death is said
7. AGE Yeers Monthy Oays If LESS than	to have occurred on the date stated above, el 105 Am.
53 0 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	were as follows:
kind of work done, as SPINNER, Kulman	nd algel muns
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and the same spent in this spent in this.)	1/27
U 10. Data deceasad last worked at this occupation (month and the spent in this // 11. Total time (years) spent in this // 12.	f falles latter for the state of the state o
year) occupation / M.A.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Genge O. S. Facker	
13. NAME GENGLE ( S. Fracker)  14. BIRTHPLACE (city or town).	Name of operation. Date of
(State of Country)	Whal test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Callaway  16. BIRTHPLACE (city or lown) - 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. if death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or lown)	Accident, suicido, or homicide?
(State or country) / Musicand	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT / MALL A CAMPAN (Address) Jales human Mall Mall And	Specify whether-injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18, BORIAL, CREMATION, OR REMOVAL	Manner of injury
Talous Conclus Takichun Parg 7 175 137,19	Nature of Injury
19, UNDERTAKER, The Hiller Drien 3	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Jahakung M.	If so, specify / May
20 FILED apr 25 19 34 le may Junes	(Signed) M. [
Registrar.	(Address) - flesher mo.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MY 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAUVS				
And a second sec	11_1-11_			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			THE DOCUMENT	

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	428
County Miconici	Registration Dist. No. 330
Village or City . Near Margylan	NoSt.,Ward
71 011	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?
1 - A AR O W. 111.	44 1
2. FULL NAME TOWNSON W. I MILLY	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O
or Divorced (write the word)	Upril 13 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William S. Phiblips	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12 1862	I last saw hard alive on afford 112 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75- 4 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of one of Date of one of
kind of work done, as SPINNER, House work SAWYER, BDOKKEEPER, etc.	Valvelar Diseand
A. Trade, profession, or particular kind of work done, as SPINNER, Drust work SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	arcinoma Stomach
SAW MILL, BANK, etc.	
Spont in this	
year) occupation	Dther Contributary Causes of Importance:
12. BfRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME . Salle U. Torown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sallie U. 13rown  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jaa U Sambrill	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, DR REMDVAL	Manager
Place Mardela Date april 15-19-37	Manner of Injury
St A Comment of Bre	Nature of Injury.
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
100-115 7 Starpion 10	If so, specify (Signed) Of Authorities M. D.
20. FILED 19 19 Rekistrar,	(Address) Aughtma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
, and a construction of the construction of th	-7 C. J. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. P	LACE OF DEATH			(131)	^ ^
,	County Tresum	100		Registration Dist. No. 33	3
	Village or City Audio	lower of	11	No. 19. 4 Di St., 8	Ward
	Length of residence in city or town where	50/12	, -	death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?yrsmos	
	11	death occurred	yrs		us.
	ULL NAME Mary	Jugla	veris	n.	
	(a) Residence: No.	(Usual place	4. (M. 4.	St., Ward.  If nonresident give city or town and Sta	te
-	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH april 9	93. 7
5e. if m	arried, widowed, or divorced	Wil	w-	(Month) (Day)	(Year)
HU (or	ISBAND of Francis	Robe	Man	22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE	E OF BIRTH (month, day, and year)	pril 20	1854	I last saw ham alive on Charles & 1937; d	eeth is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, et 44	
	82 9	19	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	
z 8.	Trede, profession, or perticular			Carphy wash bas onlan Oracing	ato of onset
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nos			
UPA 8.	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-			
OCCUPATION 10.	Date decessed last worked at this occupetion (month and year)		me (yeers) t In this		
	THPLACE (city or town)	ite Ha	yen	Other Cogtributory Causes of importance:	day
	(State or country)	Mes			
14. 14.	NAME JOSEPH P	ruce			
¥ 14.	BIRTHPLACE (city of town)			Name of operation Date of	1
œ	(State or country)	Bal		What test confirmed diagnosis? Was there an auto	D\$Y2.
15. 16.	MAIDEN NAME Mary	garvi	win.	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:	
O 16.	(State or country)	-4		Accident, suicide, or homicide?	_, 19
	11 11.71:	Dati		Where did injury occur? (Specify city or town, county and State)	
	ORMANT (Address)	Lu illa		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	1
_	IAL, CREMATION, OR REMOVAL	J'inter	Dat D	Manner of injury	
	Plece Direct Mg	Date epse	14 //19.3.	Nature of injury	
19. UND	DERTAKER ALASA GALL	Lesist	& Sina	24. Was disease or injury in eny way related to occupation of deceased? 2	1
	(Address)	ne Ma		if so, specify	
20. FILE	p Mil 11,033	r. May	humer	(Signed) Milliant	M. D.
4		1	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis . E. IVEDI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(913)
County Treomics	Registration Dist. No. 333
Village or City Fruttand Md.	No. St., 6 Ward
12	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Hannie J. Robins	If U. S. Veteran, specify WAR
(a) Residence: No.	St. 16 Ward Fruttand Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH Great 22 , 193 / (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of arthur J. Hotenson	22. HEREBY CERTIFY, that I attended dacessed from
6. DATE OF BIRTH (Month, Softan Gets of of month 1879	I last/saw h / alive on / 137 77 19 77; death Is/sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
57   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:  Date of one of
8. Trada, profession, or particular kind of work done, as SPINNER,	1937
SAWYER, BOOKKEEPER, etc.	Money & morris
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at this occupation this occupation (month and spear)	
12. BIRTHPLACE (city or town Vatslka p.	Other Contributory Causes of Importance:
(State or country)	1 Dimusitio 1/93/
13. NAME Glorge H. Kwengan	
13. NAME Plonge H. Running and 14. BIRTHPLACE (city of town)	Name of operation Data of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia and Page 16. BIRTHPLACE Lity or town Yatseaker (State of country)	23. If daath was dua to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE City or town Yalseaka O	Accidant, suicide, or homicide?
(State of country)	Where did Injury occur? (Specify city or town, county and State)
Ly Michely William Board	Spacify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OP REMOVAL THE CONTRACT OF THE STATE OF THE STA	Manner of Injury
Place Place 7, 193	Nature of injury
19. UNDERTAKER Holloway & G.	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) Salishy ma	If so, specify
20. FILED MAY Jum	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PAIDSAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND—CERTIFICATE OF DEATH	46

1. PLACE OF DEATH	(120)
County//	Registration Dist. No. 77 336
Village or City Delman Ind	No. St., Ward
Length of residence in city or town where death occurred 25 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 15. 0/	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Darfild Sto	If U. S. Veteran, specify WAR
(a) Residence: No. Delman, 1971.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write tha word)	Dail of Jean
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
(6) //// (7)	1936 to AB 1937
6. DATE OF BIRTH (month, day, and year) (Lan 9. 1889	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et
48 2 29 1 day,hi	were as follows:
8. Trade, profession, or particular	Chronic Mylandes & Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	musiconello VI Pro
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased lest worked at this occupation (menth and	
SAW MILL, BANK, etc	
this occupation (month and year) day and year) day and	
Josephin St.	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Acute Ordina of hours 711hm
	- Jour vanna 7 stays
I3. NAME  14. BIRTHPLACE (city or town)	
[4. BIRTHPLACE (city or town) (State or country)	Name of oparation
10219111	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country) unferm	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Show Arthr	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lulmay, 701	
18. BURIAL, CREMATION, OR REMOVAL Selman, miles Place Form Common Oate Off J. J. J. 193	Manner of injury
100 110 0 100 100 100 100 100 100 100 1	Nature of injury
19. UNOERTAKER HALL & MATTER	24. Was disaase or injury in any way related to occupation of deceased?
(Addrass) Dengel Leel	If so, specify
20. FILED / 10/37, 19 Harry Hudson	(Signed) M. O.
Registrar.	(Address) V Jrumus for

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- 10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 14 A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURELL	-33		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

OCCUPA

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Chronic interstitial nephritis AV 6 3937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1931	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importance:		Other contributory causes of importance:	
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Chronie interstitial nephrilis : F D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 6 1937			
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1966			

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should Village or City Jo (If c PHYSICIANS Length of residence in city or town where death occurred statement ANENT RECORD. (a) Residence: No. (Usual place of (bode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SIX GLE, MARRIED, WIDOWED, KOLVOCED (write the word) 4. COLOR OR BACE ACTLY. FOR BINDING classified. 5a. If married, widowed or divorces HUSBAND of (or) WIFE of EX 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS than Davs stated 1 day ....hrs or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION MARGIN RESERVED jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... may back should 10. Date deceesed last worked at this occupation (month and 11. Total timo (years)
spent In this on AGE so that occupation \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) CAUSE OF DEATH in plain terms, FATHER See 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER 15. MAIDEN NAME very important. 16. BIRTHPLACE (city or town) (State or country) 18. BURIAL, CREMATION, OR REMOVAL TION is 19. UNDERTAKER V. S. No. 1 B ż Registrar.

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	Registration Dist. No. 303
in ma	No.407. Mulchelf St. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
/ //	ds. How long In U.S. if of foreign birth?yrsmosds.
fre E. Tauler	J IS II C. Valoren ederification.
net-110/	If U. S. Veteran, specify WAR
· muchico//	St., 23 Ward. Jahrstry 1119.
(Usual place of (b) de)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. STECLE, MARRIED, WIDOWED, OKONOWED (Partie Me word)	21. DATE OF DEATH CONTRACTOR OF THE PROPERTY O
Morn	(Month) (Day) (Year)
	(Month) (Day) (Year)
as a Janlas	22. I HEREBY CERTIFY, Thet I attended deceased from
2.000	april 3 103) 10 Clare 8 1937
naug. //31. 1860	I last saw her alive on Cogning 7 1937; death Is seld
onths Days   If LESS than	to have occurred on the date stated above, et
7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:
NER. Thomas late.	L
Total 175	Central Henousty (3/3)
1. at Home	
11. Total timo (years) spent In this	
occupation	
anti es	Other Contributory Causes of Importance:
ma,	toplay perhause fleth
9	
7	
Manle Ko	Neme of oporation
nd,	What test confirmed diagnosis? Was there an autopsy?
ha Munch.	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
Mantie	Accident, suicide, or homicide? Date of injury, 19
med	
Prop	Where did Injury occur? (Specify city or town, county and State)
and form	Specify Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
they of Dalony	4,.0
6. Go: 010/ 30	Manner of injury
Date 103/	Neture of Injury
an - ( )	
1-22	24. Was disease or Injury in any way releted to occupation of diseases?
10.00	If so, specify Thousand The Research
V. May Jumer	(Signed) M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial hephritis AY 6 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item PHYSICIANS stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	MARTERIE	———
County Miccon	-ml	Registration Dist, No. 336
Willage or City Day DE	may Dal	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where deat	n occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME. Detty.		If U. S. Veteran, specify WAR
(a) Residence: No. Post-Coffice ad	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Small Miles	OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowad, or divorced		(Teal)
// HUSBAND of (or) WIFE of	•	22. THEREBY CERTIFY. That I attanded deceased from
9/	119 1021	10/10/195/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	Mast saw Late alive on 19 7 9; death Is said
7. AGE	Oays If LESS than 1 day,	to have occurred on tha date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 ° Tools - of roles or - of inter-	ormin.	were as follows Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Se front	7/19/11
9. Industry or business in which	1//	Not epidenie meningitie
work was done, as SILK MILL, SAW MILL, BANK, etc.	Home	not tularenlous maningities o but
10Oate deceased last worked at this occupation (month and	11. Total tima (years) spent in this	Snewsocossic meningitis; as preumococcei
year)	occupation	Other Coutributory Causes of importance: days, curso,
12. BIRTHPLACE (city or town)		Other Countries of Importance.
(Stata or country) May a	nd	
13. NAME Salven J	confiser	
14. BIRTHPLACE (city or town)	MKA	Name of operation
(State or country)	apprington	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mondela do	la Oddis	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
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S (Stata or country) Torrer	ouch of C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clocy JE	workson	Specify whather injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Dilaton Di	1.15.15.13	
18. BURIAL, CREMATION, OR REMOVAL	al 1 1 10025	Mannar of injury
Place Moon an	Data 4193.7	Nature of injury
19. UNOERTAKER ALL DE	duy	24. Was disease or injury in any way releted to occupation of deceased?
(Addrass) Definion	0261	If so, specify
20. FILED 1/23 , 1937 Har	m & Hudson	(Signed) M. D.
	Registrar.	(Address) (Address)
If more blan	iks afte needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARKALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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FOR BINDING

MARGIN RESERVED

	CTATE (	DE MADVI AND	CERTIFICATE OF DEATH	611
1	. PLACE OF DEATH		83.00	33/
	Village or City Break &	Thomas DU	Registration Dist. No. St., St., Steath occurred in a hospital or institution, give its NAME instead of street and	
2	Length of residence in city or town where  2. FULL NAME	Shahlf Te	ds. How long in U. S. if of foreign birth?m  If U. S. Veteran, specify WAR	
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	l State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 7 7
_	II married widowed or divorced HUSBAND of (or) WIFE of Machine	Varleytor lings	1 HEREBY CERTIFY That I attended  1 193 to 173 2	deceased from
7.	AGE Yeers Months 4	Deys II LESS than I day,hrs. ormin.	to have occurred on the date steted above, at	Date of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	of Home	with of Hempholyne	
000	10. Date deceesed lest worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
	BIRTHPLACE (city or town) (State or country)	Ulgare	Other Coutributory Causes of Importance:	4 44
FATHER	13. NAME -5,	orferen	Name oI operation Date oI	-
FA	(State or country)	anal	What test confirmed diagnosis? Was there an	
MOTHER	15. MAIDEN NAME	Villa	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	•
17.	INFORMANT Company of	THE BUSHES	(Specify city or town, county and Sta Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
18.	BURIAL, CREMATION, OR REMOVAL	5 m 164. 12 Kin37	Manner ol injury	

V. S. No. 1

B ż 19. UNDERTAKER

(Address)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

if so, specify

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUKERO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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		70	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

N. B.

STATE OF MARYLAND—	-CERTIFICATE OF DEATH- 4010
1. PLACE OF DEATH	(93-c)
County Tragues	Registration Dist. No. 33
Village or City Charploun	ND. St W
Length of residence in city or town where death occurred 35 yrs nomos	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Vancey 10 1/ healt	If U. S. Veteran, specify WAR
(a) Residence: No. V (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Windows	21. DATE OF DEATH  (Month)  (Dev)  (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tranklin Wheatley	I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, day, and year) May 4 / 1857	I last saw her alive on Art 1987; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m
79 // lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler	erouse Thronbours Deteror
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Capric Huyo cardita.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Samuel Williams	
	Name of a continu
14. BIRTHPLACE (city or town)   (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME adams	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(Stete or country)	Where did injury occur?
17. INFORMANT Magging Wheatley (Address) Tharpton Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Caraco Date West 6, 1957	Nature of Injury
19. UNDERTAKER IT No Travers 11200 (Address) Sharptour MD	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED Clay 6 19 37 M. P. Polinson	(Signed) J- O. Cullegellie

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ADDITIONAL CDACE F	OP FURTH	ER STATEMENTS BY PHYSICIAN	1